

2011 JUN -2 AM 9:11

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT
(ANNUAL)

☒ ORIGINAL REPORT

☐ AMENDED REPORT

This Report Covers Calendar Year: 2010

☐ I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement.
As such, I have completed SCHEDULE L.

Office/Position Held: Coroner, St. Tammany Parish

Name of Filer (print full name) Peter Randall Galvan, M.D.

Mailing Address 135 Ayshire Ct.

City, State, Zip Slidell, LA 70461

Name of Spouse (print full name) Alison Manders Galvan, M.D.

Spouse's Occupation Office Manager

Spouse's Principal Business Address 550 Brownswitch Rd.

City, State, Zip Slidell, LA 70458

Check all that apply:

☒ I have filed my state income tax return for the previous year.

☐ I have filed for an extension of my state income tax return for the previous year.

☒ I have filed my federal income tax return for the previous year.

☐ I have filed for an extension of my federal income tax return for the previous year.

☐ I have filed for an extension of my federal income tax return for the previous year **AND** I am requesting an extension in filing my Tier 2 Personal Financial Disclosure.

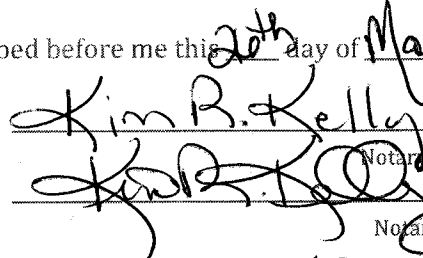
Certification of Accuracy

I do hereby certify, after having been duly sworn, that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.



Signature of Filer

Sworn to and subscribed before me this 20th day of May, 2011.



Notary Public (print name)

Notary Public (signature)

ID#

005315

Date Commission Expires

KIM B. KELLY

Notary Public

State of Louisiana

NOTARY ID NO. 005315

St. Tammany Parish



LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule A: Employment Information**☐ Check if not applicable☒ Filer ☐ Spouse ☒ Full-Time ☐ Part-TimeJob Title: CoronerName of Employer: St. Tammany Parish Coroner's OfficeAddress: 550 Brownswitch Rd.City, State, Zip: Slidell, LA 70458Job Description: Coroner☒ Filer ☐ Spouse ☒ Full-Time ☐ Part-TimeJob Title: Staff PhysicianName of Employer: Peter R. Galvan M.D A Professional Medical CorporationAddress: 550 Brownswitch Rd.City, State, Zip: Slidell, LA 70458Job Description: Treating physician☐ Filer ☒ Spouse ☒ Full-Time ☐ Part-TimeJob Title: Office ManagerName of Employer: Peter R. Galvan M.D A Professional Medical CorporationAddress: 550 Brownswitch Rd.City, State, Zip: Slidell, LA 70458Job Description: Manage day to day operations of the office☐ Filer ☒ Spouse ☐ Full-Time ☒ Part-TimeJob Title: Group Exercise InstructorName of Employer: Cross Gates Athletic ClubAddress: 200 N. Military Rd.City, State, Zip: Slidell, LA 70461Job Description: Teach exercise classes

- You are required to disclose employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

Schedule B: Positions - Business☐ Check if not applicable☒ Filer ☐ Spouse ☐ BothAmount of Interest (amount exceeds 10%): 100 %Name of Business: Peter R. Galvan M.D A Professional Medical CorporationAddress: 550 Brownswitch Rd.City, State, Zip: Slidell, LA 70458Business Description: Medical Office/practiceNature of Association: Owner/director☒ Filer ☐ Spouse ☐ BothAmount of Interest (amount exceeds 10%): 100 %Name of Business: Galcor IncorporatedAddress: 550 Brownswitch Rd.City, State, Zip: Slidell, LA 70458Business Description: This business in no longer in operation, but the corporation still existsNature of Association: owner/director☒ Filer ☐ Spouse ☐ BothAmount of Interest (amount exceeds 10%): 50 %Name of Business: Florida Parishes HoldingsAddress: 550 Brownswitch Rd.City, State, Zip: Slidell, LA 70458Business Description: Land HoldingsNature of Association: Partner

* You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule C: Positions - Nonprofit**☒ Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Organization: _____
Address: _____
City, State, Zip: _____
Nature of Association: _____
Description of Organization: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Organization: _____
Address: _____
City, State, Zip: _____
Nature of Association: _____
Description of Organization: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Organization: _____
Address: _____
City, State, Zip: _____
Nature of Association: _____
Description of Organization: _____

*You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit agency.

Revised May 2011

Form 416A

www.ethics.state.la.us

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule D: Income from the State, Political**☐ Check if not applicable**Subdivisions, and/or Gaming Interests**☐ Filer ☐ Spouse ☒ Business (where amount of interest exceeds 10%)Type of Income: ☒ State ☐ Political Subdivision ☐ Gaming InterestName of Business (if applicable): Peter R. Galvan M.D A Professional Medical CorporationName of Income Source: State of Louisiana, Dept. of Health and HospitalsAddress: P.O. Box 91117City, State, Zip: Baton Rouge, LA 70821Amount of Income (exact dollar amount): \$ 613.85☐ Filer ☐ Spouse ☒ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☒ Political Subdivision ☐ Gaming InterestName of Business (if applicable): Peter R. Galvan M.D A Professional Medical CorporationName of Income Source: City of SlidellAddress: P.O. Box 828City, State, Zip: Slidell, LA 70459Amount of Income (exact dollar amount): \$ 31,002.90☐ Filer ☐ Spouse ☒ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☒ Political Subdivision ☐ Gaming InterestName of Business (if applicable): Peter R. Galvan M.D A Professional Medical CorporationName of Income Source: St. Tammany Parish School BoardAddress: P.O. Box 940City, State, Zip: Covington, LA 70434Amount of Income (exact dollar amount): \$ 20,249.65

* You are required to complete SCHEDULE D if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* The definitions for (and examples of) *political subdivision, gaming interest, and business* are found in the *Instructions Section* of this form.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

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Schedule D: Income from the State, Political☐ Check if not applicable**Subdivisions, and/or Gaming Interests**☐ Filer ☐ Spouse ☒ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☒ Political Subdivision ☐ Gaming InterestName of Business (if applicable): Peter R. Galvan M.D A Professional Medical CorporationName of Income Source: St. Tammany Parish GovernmentAddress: P.O. Box 628City, State, Zip: Covington, LA 70434Amount of Income (exact dollar amount): \$ 1,620.00☐ Filer ☐ Spouse ☒ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☒ Political Subdivision ☐ Gaming InterestName of Business (if applicable): Peter R. Galvan M.D A Professional Medical CorporationName of Income Source: City of SlidellAddress: P.O. Box 828City, State, Zip: Slidell, LA 70459Amount of Income (exact dollar amount): \$ 53,397.04☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

* You are required to complete SCHEDULE D if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* The definitions for (and examples of) *political subdivision, gaming interest, and business* are found in the *Instructions Section* of this form.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

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**Schedule E: Income Received from
Employment**☐ Check if not applicable☒ Filer ☐ Spouse ☒ Full-Time ☐ Part-TimeName of Source of Income: Peter R. Galvan M.D A Professional Medical CorporationAddress: 550 Brownswitch Rd.City, State, Zip: Slidell, LA 70458Nature of Services Rendered
(pursuant to such employment): Provide medical treatment to ill patientsAmount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)☒ Filer ☐ Spouse ☒ Full-Time ☐ Part-TimeName of Source of Income: St. Tammany Parish CoronerAddress: 550 Brownswitch Rd.City, State, Zip: Slidell, LA 70458Nature of Services Rendered
(pursuant to such employment): Serve as Coroner, with all the incumbent duties required by the officeAmount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)☐ Filer ☒ Spouse ☒ Full-Time ☐ Part-TimeName of Source of Income: Peter R. Galvan M.D A Professional Medical CorporationAddress: 550 Brownswitch Rd.City, State, Zip: Slidell, LA 70458Nature of Services Rendered
(pursuant to such employment): Office managerAmount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)

* You are required to complete SCHEDULE E to disclose the income received by you or your spouse for each full-time or part-time employment position held.

* Income that is reported on SCHEDULE D does not have to be restated on SCHEDULE E.

* Income received through *self-employment* is reported on SCHEDULE F.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule E: Income Received from
Employment**☐ Check if not applicable

<input type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input checked="" type="checkbox"/> Part-Time
Name of Source of Income: <u>Cross Gates Athletic Club</u>			
Address: <u>200 N. Military Rd.</u>			
City, State, Zip: <u>Slidell, LA 70461</u>			
Nature of Services Rendered (pursuant to such employment): <u>Group exercise instructor</u>			
Amount of Income: <input checked="" type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)			
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Name of Source of Income: _____			
Address: _____			
City, State, Zip: _____			
Nature of Services Rendered (pursuant to such employment): _____			
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)			
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Name of Source of Income: _____			
Address: _____			
City, State, Zip: _____			
Nature of Services Rendered (pursuant to such employment): _____			
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)			

* You are required to complete SCHEDULE E to disclose the income received by you or your spouse for each full-time or part-time employment position held.

* Income that is reported on SCHEDULE D does not have to be restated on SCHEDULE E.

* Income received through *self-employment* is reported on SCHEDULE F.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule F: Income Received from
Business Interests**☐ Check if not applicable**AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:**

- ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)

☒ Filer ☐ SpouseName of Business: HEALTH PLANS INCAddress: PO BOX 5199City, State, Zip: WESTBOROUGH, MA 01581Nature of services rendered **OR**
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC☒ Filer ☐ SpouseName of Business: WPS TRICARE FOR LIFEAddress: PO BOX 8730City, State, Zip: MADISON, WISCONSIN 53708Nature of services rendered **OR**
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC☒ Filer ☐ SpouseName of Business: NEW YORK LIFE INSURANCE COMP.Address: PO BOX 8310City, State, Zip: SLEEPY HOLLOW, NY 10591Nature of services rendered **OR**
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC

*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

*Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

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Baton Rouge, Louisiana 70821**Schedule F: Income Received from
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- ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)

☒ Filer ☐ SpouseName of Business: INSURANCE MANAGEMENT ADMINAddress: PO BOX 71120City, State, Zip: BOSSIER CITY, LA 71171Nature of services rendered OR
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC☒ Filer ☐ SpouseName of Business: SAMBAAddress: 11301 OLD GEORGETOWN RDCity, State, Zip: ROCKVILLE, MD 20852Nature of services rendered OR
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC☒ Filer ☐ SpouseName of Business: GILSBAR, INCAddress: PO BOX 998City, State, Zip: COVINGTON, LA 70434Nature of services rendered OR
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC

*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

*Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule F: Income Received from
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- ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)

☒ Filer ☐ SpouseName of Business: MEDCOM CARE MANAGEMENT INCAddress: PO BOX 998City, State, Zip: COVINGTON, LA 70434Nature of services rendered OR
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC☒ Filer ☐ SpouseName of Business: ASBESTOS WORKERS LOCAL #53Address: 2001 VETERANS MEMORIAL BLCity, State, Zip: KENNER, LA 70062Nature of services rendered OR
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC☒ Filer ☐ SpouseName of Business: LA CLERKS OF COURT INSURANCEAddress: 11745 BRICKSOME AVECity, State, Zip: BATON ROUGE, LA 70816Nature of services rendered OR
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC

*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

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LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

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- ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)

☒ Filer ☐ SpouseName of Business: COVENANT ADMINISTRATIVE SERVICEAddress: 1745 N BROWN RD STE 400City, State, Zip: LAWRENCEVILLE, GA 30043Nature of services rendered OR
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC☒ Filer ☐ SpouseName of Business: RITE AID CORPAddress: PO BOX 19990City, State, Zip: PORTLAND OR 97280Nature of services rendered OR
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC☒ Filer ☐ SpouseName of Business: NEW ORLEANS ELECTRICAL WELFARE FUNDAddress: PO BOX 1449City, State, Zip: GOODLETTSVILLE, TN 37070Nature of services rendered OR
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC

*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

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*Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule F: Income Received from
Business Interests**☐ Check if not applicable**AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:**

- ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)

☒ Filer ☐ SpouseName of Business: PALMETTO GBAAddress: 2300SPRINGDALE DRCity, State, Zip: CAMDEN, SC 29020Nature of services rendered OR
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC☒ Filer ☐ SpouseName of Business: V.A. FINANCIAL SERVICES CENTERAddress: PO BOX 149975City, State, Zip: AUSTIN, TX 78714Nature of services rendered OR
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC☒ Filer ☐ SpouseName of Business: UNITED HEALTHCARE INSURANCEAddress: 1003 BROAD ST.City, State, Zip: JOHNSTOWN, PA 15906Nature of services rendered OR
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC

*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

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LOUISIANA BOARD OF ETHICS

Post Office Box 4368

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**Schedule F: Income Received from
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- ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)

☒ Filer ☐ SpouseName of Business: PGBA LLCAddress: PO BOX 100156City, State, Zip: COLUMBIA, SC 19202Nature of services rendered **OR**
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC☒ Filer ☐ SpouseName of Business: UMR INCAddress: 1003 BROAD ST.City, State, Zip: JOHNSTOWN, PA 15906Nature of services rendered **OR**
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC☒ Filer ☐ SpouseName of Business: FIDELIS DIAGNOSTICS INCAddress: 11601 WILSHIRE BLVDCity, State, Zip: LOS ANGELES, CA 90025Nature of services rendered **OR**
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC

*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

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LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

**Schedule F: Income Received from
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- ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)

☒ Filer ☐ SpouseName of Business: LA WORKERS COMPENSATION CORPAddress: 2237 S ACADIAN THRUWAYCity, State, Zip: BATON ROUGE, LA 70808Nature of services rendered **OR**
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC☒ Filer ☐ SpouseName of Business: FEDEX FREIGHT INCAddress: 2200 FORWARD DRCity, State, Zip: HARRISON, AR 72602Nature of services rendered **OR**
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC☒ Filer ☐ SpouseName of Business: FLOWERS BAKING CO OF NEW ORLEANSAddress: 132 N BROAD STCity, State, Zip: THOMASVILLE, GA 31792Nature of services rendered **OR**
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC

*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

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LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

**Schedule F: Income Received from
Business Interests**☐ Check if not applicable**AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:**

- ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)

☒ Filer ☐ SpouseName of Business: LA. HEALTH SERVICE AND INDEMNITY COAddress: PO BOX 98029City, State, Zip: BATON ROUGE, LA 70898Nature of services rendered OR
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC☒ Filer ☐ SpouseName of Business: HMO LOUISIANAAddress: PO BOX 98024City, State, Zip: BATON ROUGE, LA 70898Nature of services rendered OR
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC☒ Filer ☐ SpouseName of Business: OFFICE OF GROUP BENEFITSAddress: PO BOX 44036City, State, Zip: BATON ROUGE, LA 70804Nature of services rendered OR
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC

*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

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Baton Rouge, Louisiana 70821**Schedule F: Income Received from
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- ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)

☒ Filer ☐ SpouseName of Business: GOLDEN RULE INSURANCE COAddress: 712 ELEVENTH STCity, State, Zip: LAWRENCEVILLE, IL 62439Nature of services rendered OR
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC☒ Filer ☐ SpouseName of Business: CLAIMS MANAGEMENT INCAddress: 922 WEST WALNUT SUITE BCity, State, Zip: ROGERS, AR 72756Nature of services rendered OR
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC☒ Filer ☐ SpouseName of Business: MM AND P HEALTH AND BENEFIT FUNDAddress: 700 MARITIME BLVDCity, State, Zip: LINTHICUM HTS MD 21090Nature of services rendered OR
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC

*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

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Business Interests**☐ Check if not applicable**AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:**

- ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)

☒ Filer ☐ SpouseName of Business: MEGA LIFE AND HEALTH INSURANCEAddress: PO BOX 982010City, State, Zip: NORTH RICHLAND HILLS, TX 76182Nature of services rendered **OR**
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC☒ Filer ☐ SpouseName of Business: CIGNA HEALTHCAREAddress: 900 COTTAGE GROVE RDCity, State, Zip: HARTFORD, CT 06152Nature of services rendered **OR**
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC☒ Filer ☐ SpouseName of Business: COVENTRY MANAGEMENT SERVICESAddress: PO BOX 30111City, State, Zip: SALT LAKE CITY, UT 84130Nature of services rendered **OR**
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC

*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

*Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule F: Income Received from
Business Interests**☐ Check if not applicable**AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:**

- ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)

☒ Filer ☐ SpouseName of Business: PINNACLE BUSINESS SOLUTIONS INCAddress: 515 W PERSHING BLVDCity, State, Zip: NORTH LITTLE ROCK AR 72114Nature of services rendered **OR**
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC☒ Filer ☐ SpouseName of Business: COVENTRY MANAGEMENT SERVICES, INCAddress: PO BOX 30111City, State, Zip: SALT LAKE CITY, UT 84130Nature of services rendered **OR**
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R GALVAN MD APMC☐ Filer ☐ Spouse

Name of Business: _____

Address: _____

City, State, Zip: _____

Nature of services rendered **OR**
reason income was received: _____

*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

*Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

Schedule G: Other Income☐ Check if not applicable (any other income that exceeds \$1,000 from each source)☒ Filer ☐ SpouseDescription of Income: MEDICAL CONSULTINGNature of services rendered or reason income was received: REVIEW OF LEGAL CASES, DEPOSITIONS, TESTIMONY, TRIAL PREP, EXPERT WITNESS FEESAmount of Income: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse

Description of Income: _____

Nature of services rendered or reason income was received: _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse

Description of Income: _____

Nature of services rendered or reason income was received: _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

*You are required to complete SCHEDULE G if you or your spouse received any other type of income that exceeded \$1,000 from any one source.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

*You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability payments from any source.

*Income that is reported on SCHEDULE D, E, or F does not have to be restated on SCHEDULE G.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule H: Immovable Property**

(a property that exceeds \$2,000 in value)

☐ Check if not applicable☐ Filer ☐ Spouse ☒ Both**Location of Property**

Country: USA State: LOUISIANA Parish/County: ST. TAMMANY

Description of Property:

135 AYSHIRE CT. SLIDELL, LA 70461 (PERSONAL HOME)

Fair Market or Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☒ Both**Location of Property**

Country: USA State: LOUISIANA Parish/County: ST. TAMMANY

Description of Property:

10 ACRES IN PEARL RIVER (HONEY ISLAND SWAMP)

Fair Market or Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☒ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☒ Both**Location of Property**

Country: USA State: ALABAMA Parish/County: BALDWIN

Description of Property:

CONDOMINIUM IN GULF SHORES ALABAMA

Fair Market or Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)

* You are required to disclose the location by country, state, and parish/county.

* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule H: Immovable Property**

(a property that exceeds \$2,000 in value)

☐ Check if not applicable☐ Filer ☐ Spouse ☒ Both**Location of Property**Country: USA State: LOUISIANA Parish/County: ST. BERNARD**Description of Property:**1/3 OWNERSHIP OF ST. BERNARD PARISH MARSHLANDFair Market or Use Value: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☒ Both**Location of Property**Country: USA State: MISSISSIPPI Parish/County: PEARL RIVER**Description of Property:**50% OWNERSHIP OF 65 ACRES OF PROPERTY IN MSFair Market or Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☒ Both**Location of Property**Country: USA State: LOUISIANA Parish/County: ST. TAMMANY**Description of Property:**50% OWNERSHIP OF 80 ACRES OF PROPERTY IN ST. TAMMANY PARISHFair Market or Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)

* You are required to disclose the location by country, state, and parish/county.

* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule H: Immovable Property**

(a property that exceeds \$2,000 in value)

☐ Check if not applicable☐ Filer ☐ Spouse ☒ Both

Location of Property

Country: USA State: LOUISIANA Parish/County: ST. TAMMANY

Description of Property:

UNDEVELOPED LAND 4.26 ACRES IN PEARL RIVER

Fair Market or Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☒ Both

Location of Property

Country: USA State: LOUISIANA Parish/County: ST. TAMMANY

Description of Property:

MARSHLAND/WETLANDS FRITCHIE MARSH -- 160 ACRES

Fair Market or Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Location of Property

Country: State: Parish/County:

Description of Property:

Fair Market or Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

* You are required to disclose the location by country, state, and parish/county.

* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule I: Investment Holdings

☒ Check if not applicable

(an investment holding that exceeds \$5,000)

☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

* You are required to complete SCHEDULE I if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.

* You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.

* You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

Schedule J: Transactions☒ Check if not applicable

(a transaction that exceeds \$5,000)

☐ Filer ☐ Spouse ☐ Both

Transaction Date: _____

Description of Transaction:

_____Amount of Transaction: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Transaction Date: _____

Description of Transaction:

_____Amount of Transaction: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Transaction Date: _____

Description of Transaction:

_____Amount of Transaction: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

* You are required to complete SCHEDULE J if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (which exceeds \$5,000 each).

* You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule K: Liabilities**☒ Check if not applicable

(a liability that exceeds \$10,000)

☐ Filer ☐ Spouse

Name of Creditor: _____

Address: _____

City, State, Zip: _____

Name of Guarantor (If applicable): _____

☐ Filer ☐ Spouse

Name of Creditor: _____

Address: _____

City, State, Zip: _____

Name of Guarantor (If applicable): _____

☐ Filer ☐ Spouse

Name of Creditor: _____

Address: _____

City, State, Zip: _____

Name of Guarantor (If applicable): _____

☐ Filer ☐ Spouse

Name of Creditor: _____

Address: _____

City, State, Zip: _____

Name of Guarantor (If applicable): _____

*You are required to complete SCHEDULE K if you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

*You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.

*You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.

*You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.

*You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).

*You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

*"Consumer Credit Transaction" means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq, R.S. 9:3516(13).

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

Schedule L: Other Offices/Positions Held☒ Check if not applicable

Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	

*You are required to complete SCHEDULE L if you hold any other office or position which would require you to file a personal financial disclosure statement under Section 1124.2.1 or 1124.3.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

Schedule M: Positions - Business

☒ Check if not applicable (to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

☐ Filer ☐ Spouse ☐ Both

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

Amount of Interest: _____ %

☐ Filer ☐ Spouse ☐ Both

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

Amount of Interest: _____ %

☐ Filer ☐ Spouse ☐ Both

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

Amount of Interest: _____ %

* You are required to complete SCHEDULE M if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

* You are required to disclose information related to ownership interest in a business regardless of the percentage of ownership.

* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

* Information disclosed on SCHEDULE B does not have to be restated on SCHEDULE M.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule N: Income from the State
and/or Political Subdivisions**☒ Check if not applicable(to be completed by members of the Ethics Adjudicatory Board and
Ethics Board, and the administrator of the Ethics Administration)☐ Filer ☐ Spouse ☐ BusinessType of Income: ☐ State ☐ Political Subdivision

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

☐ Filer ☐ Spouse ☐ BusinessType of Income: ☐ State ☐ Political Subdivision

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

☐ Filer ☐ Spouse ☐ BusinessType of Income: ☐ State ☐ Political Subdivision

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

* You are required to complete SCHEDULE N if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

* You are required to disclose all income received by a business in which you or your spouse received regardless of the percentage of ownership in the business.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* Information disclosed on SCHEDULE D does not have to be restated on SCHEDULE N.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule O: Income from a
Governmental Entity**☒ Check if not applicable(to be completed by members of the Ethics Adjudicatory Board and
Ethics Board, and the administrator of the Ethics Administration)☐ Filer ☐ Spouse

Name of Governmental Entity: _____

Nature of Contract/Sub-Contract: _____

Value (of thing of economic value) Derived: _____

☐ Filer ☐ Spouse

Name of Governmental Entity: _____

Nature of Contract/Sub-Contract: _____

Value (of thing of economic value) Derived: _____

☐ Filer ☐ Spouse

Name of Governmental Entity: _____

Nature of Contract/Sub-Contract: _____

Value (of thing of economic value) Derived: _____

☐ Filer ☐ Spouse

Name of Governmental Entity: _____

Nature of Contract/Sub-Contract: _____

Value (of thing of economic value) Derived: _____

* You are required to complete SCHEDULE O if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

* You are required to disclose the name of each governmental entity from which you or your spouse derives a "thing of economic value" through a contract or subcontract involving a governmental entity, including the Louisiana Insurance Guaranty Association, the Louisiana Health Insurance Guaranty Association, Louisiana Citizens Property Insurance Corporation, the Property Insurance Association of Louisiana, and any other quasi-public entity.

* You are required to disclose the nature of the contract or subcontract, and the value of the "thing of economic value" derived.

**"Thing of Economic Value" means money or any other thing having economic value. The complete definition of "thing of economic value" can be found at La. R.S. 42:1102(22).